

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/069674**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		1st AMENDMENT	AFTER 2nd AMENDMENT	
	IND.	DEP.		DEP.	IND.
1	/				
2	/				
3	/				
4	/				
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49					
50					
TOTAL IND.	6				
TOTAL DEP.	14				
TOTAL CLAIMS	20				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADDEMENTS